

Request for State Testing Accommodations Special Situations

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Note to the Test Accommodations Coordinator – This form should be completed only if the student falls into one of the special situations listed in Section C.

A. STUDENT INFORMATION

Student Name (Last, First, Middle Initial)

Date of Birth (Mo/Day/Yr)

Student Street Address or P.O. Box

City

State

Zip Code

B. TEST ACCOMMODATIONS COORDINATOR INFORMATION

Test Accommodations Coordinator's Name

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ACT High School Code

Name of the High School Student Now Attends

City

State

Zip Code

Test Accommodations Coordinator's Signature

C. REASON FOR REQUESTING ACCOMMODATIONS AFTER THE DEADLINE (February 4, 2011)

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TRANSFER STUDENT (Student authorized for either ACT-Approved or State-Allowed Accommodations at one school within your state, moving to another school within your state.)

Date of transfer

Name of the High School Student Transferred From

City

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ACT High School Code
(if available)

✓ **Must also complete ACT State Testing Transfer Request Form**

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STUDENT NEW TO YOUR SCHOOL

This form must be submitted with an *Application for State-Allowed Accommodations*.

Date of Enrollment

Name of the High School Student Formerly Attended

City

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EMERGENCY MEDICAL OR LATE ONSET CONDITION

This form must be submitted with a *Request for ACT-Approved Test Accommodations* or an *Application for State-Allowed Accommodations* and documentation of the condition by a qualified professional (e.g., physician).

Nature of the condition

Date of the Onset

Check one: ☐ **ACT-Approved Accommodations** or ☐ **State-Allowed Accommodations**

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NEWLY IDENTIFIED DISABILITY

This form must be submitted with an *Application for State-Allowed Accommodations* and documentation of the condition by a qualified professional (e.g., physician).

Nature of the condition

Date of the Onset

Form(s) must be received at ACT by **February 22, 2011**.

Please return this form by fax to: State Testing Accommodations at 319/337-1285